

Wrap Up session



GIT - Liver Gall bladder diseases

**Prof Riham
Abu-Zeid**

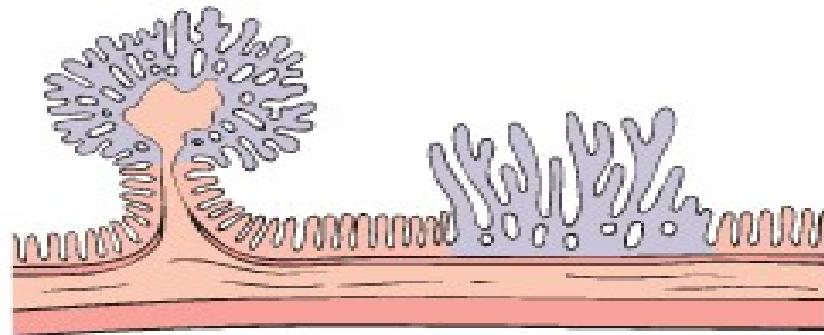
Intestinal Polyps



Classify intestinal Polypi

ADENOMAS

Pedunculated
Tubular



Sessile
Villous

Intestinal
Polyps

Non
Neoplastic

Neoplastic

Inflammatory
or lymphoid
or Bilharzial

Hamartomatous

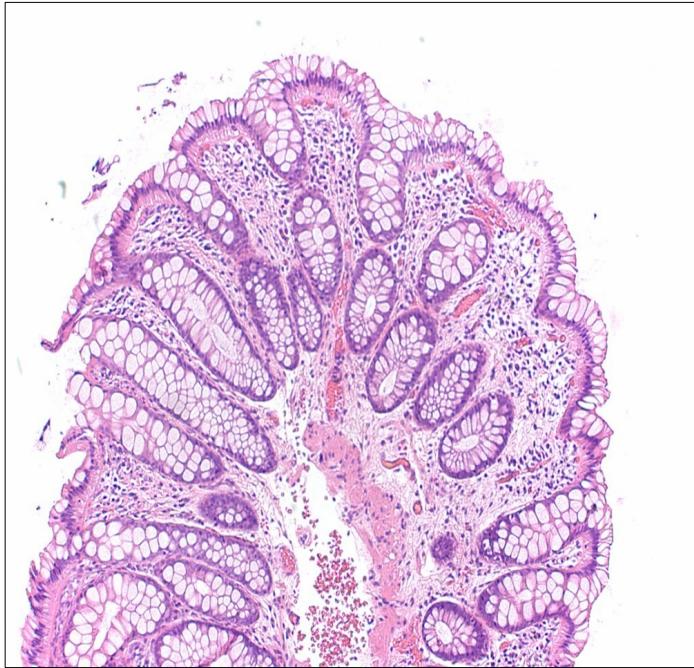
Hyperplastic

Adenomatous
(the most common
neoplastic polyp)

Juvenile
polyps

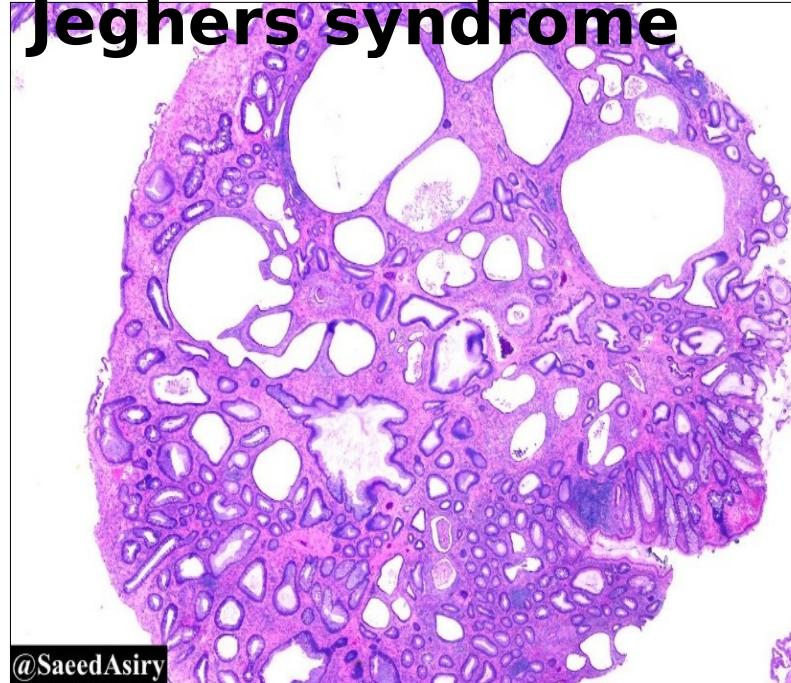
Peutz-Jeghers
syndrome

1-Hyperplastic Polyp



2-Hamartomatous polyps

A-Juvenile polyps Jeghers syndrome



B-Peutz-

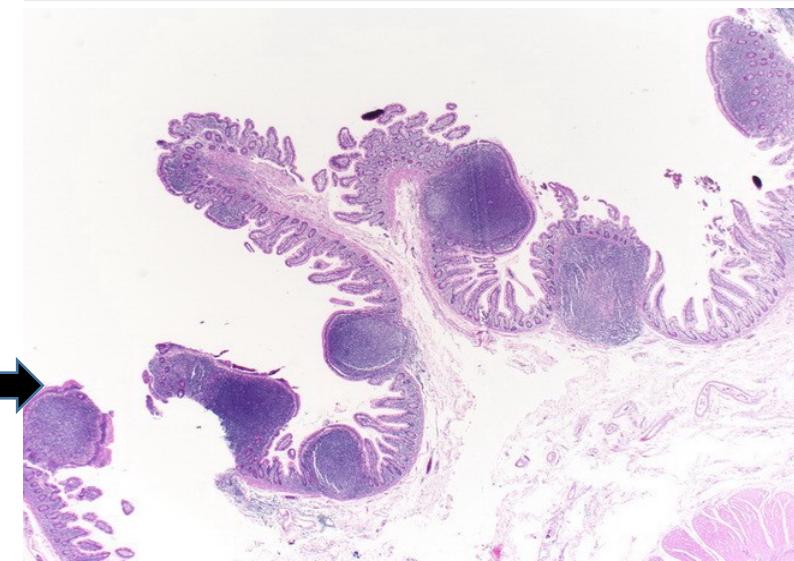


3-Bilharzial polyps

4-Inflammatory polyps

(pseudopolyp):

5-Lymphoid polyps:

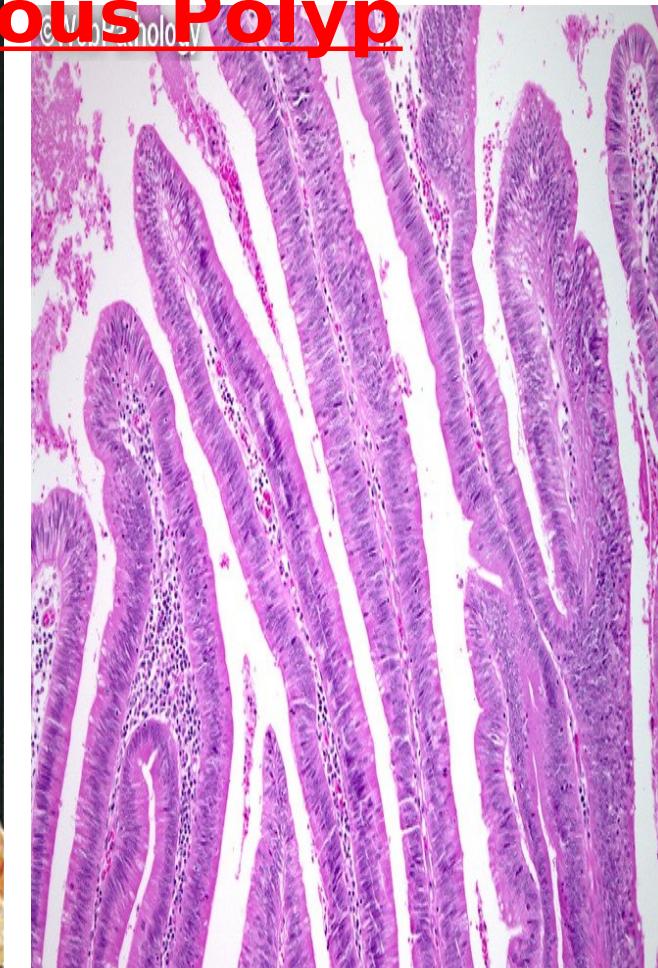
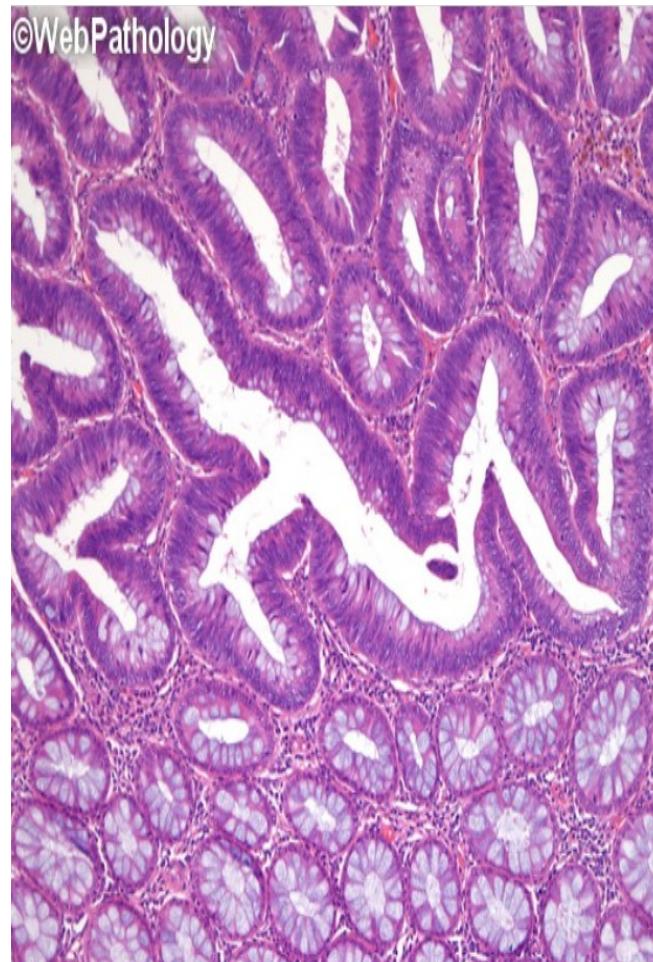
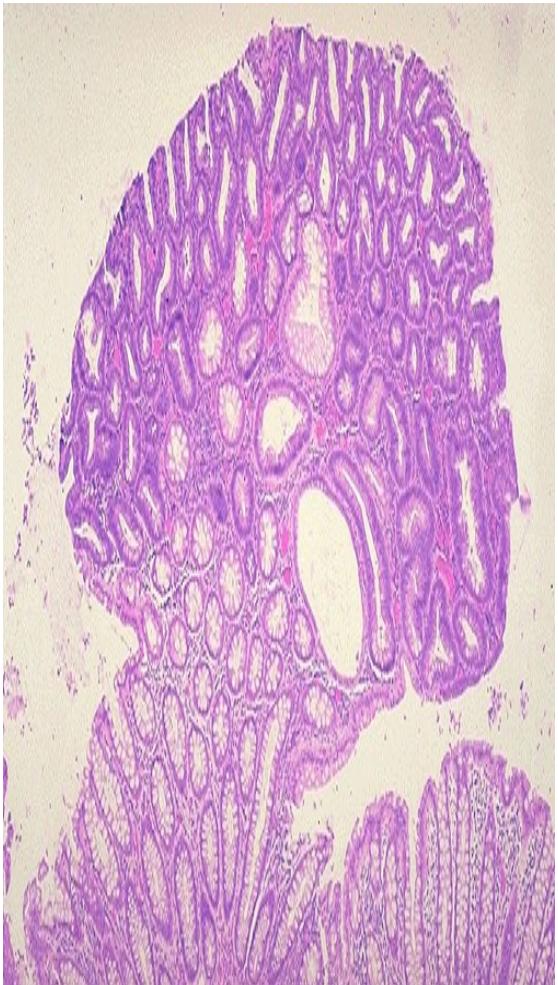


Compare between Tubular and Villous Adenomatous Polyp



Villous

Adenomatous Polyp



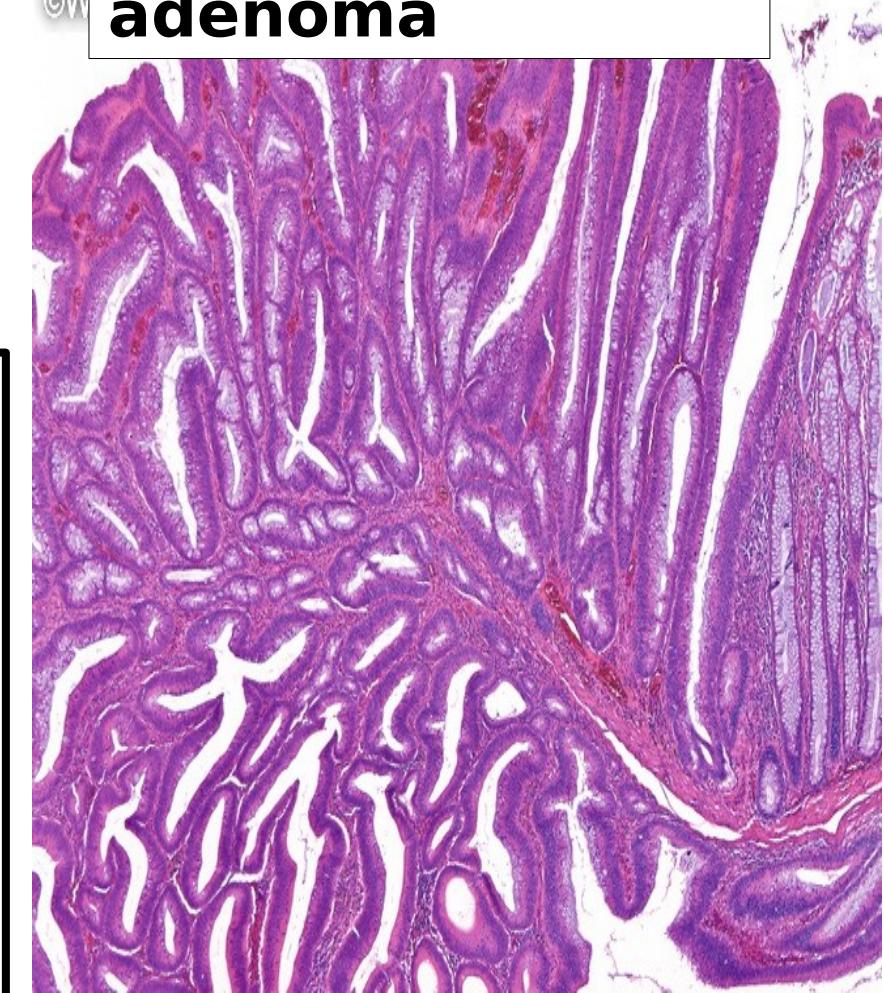
Neoplastic Polyps



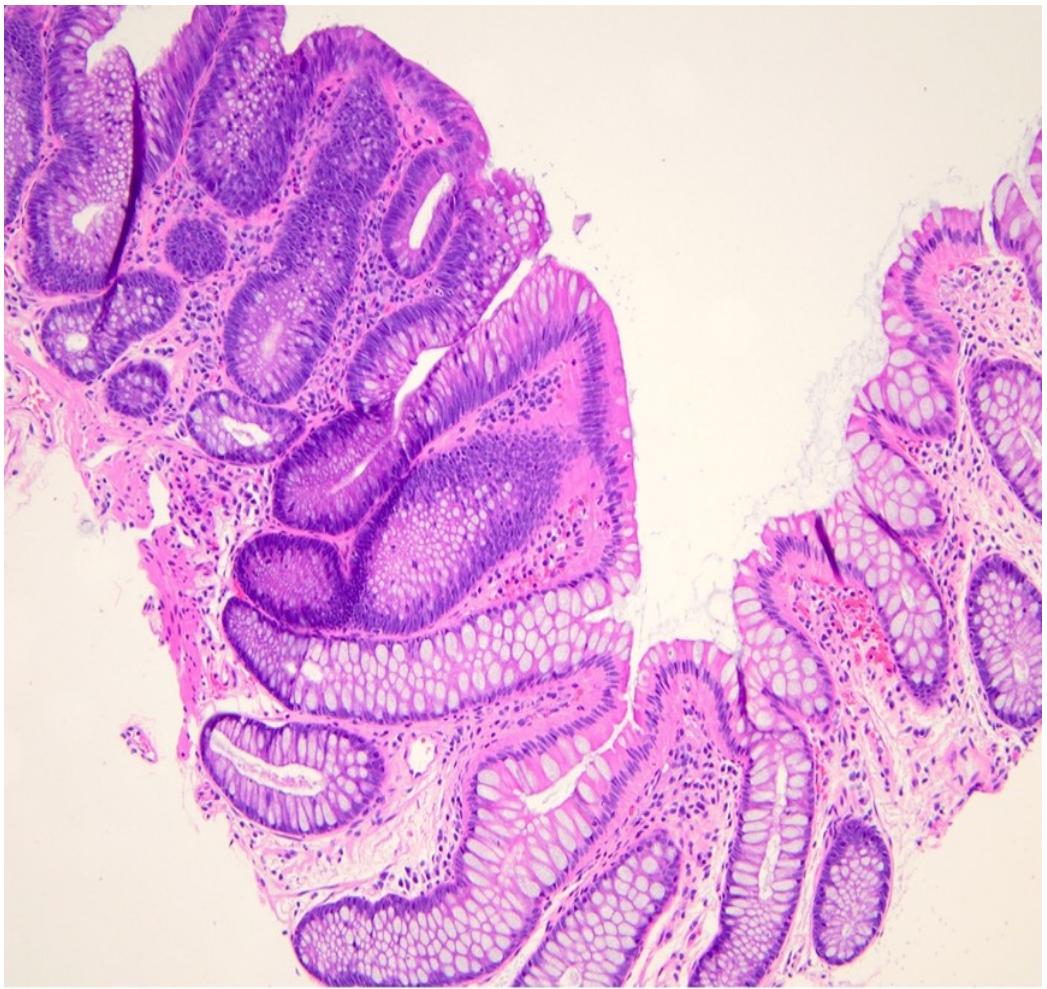
Enumerate the factors that affect the risk of malignancy (malignant potential) of an adenomatous polyp?

- **Size** (> 4 cm have 40% risk harbouring cancer)
- **Severity of dysplasia**
- **Histologic architecture (tubular or villous) Villous has higher**

Tubulovillous adenoma

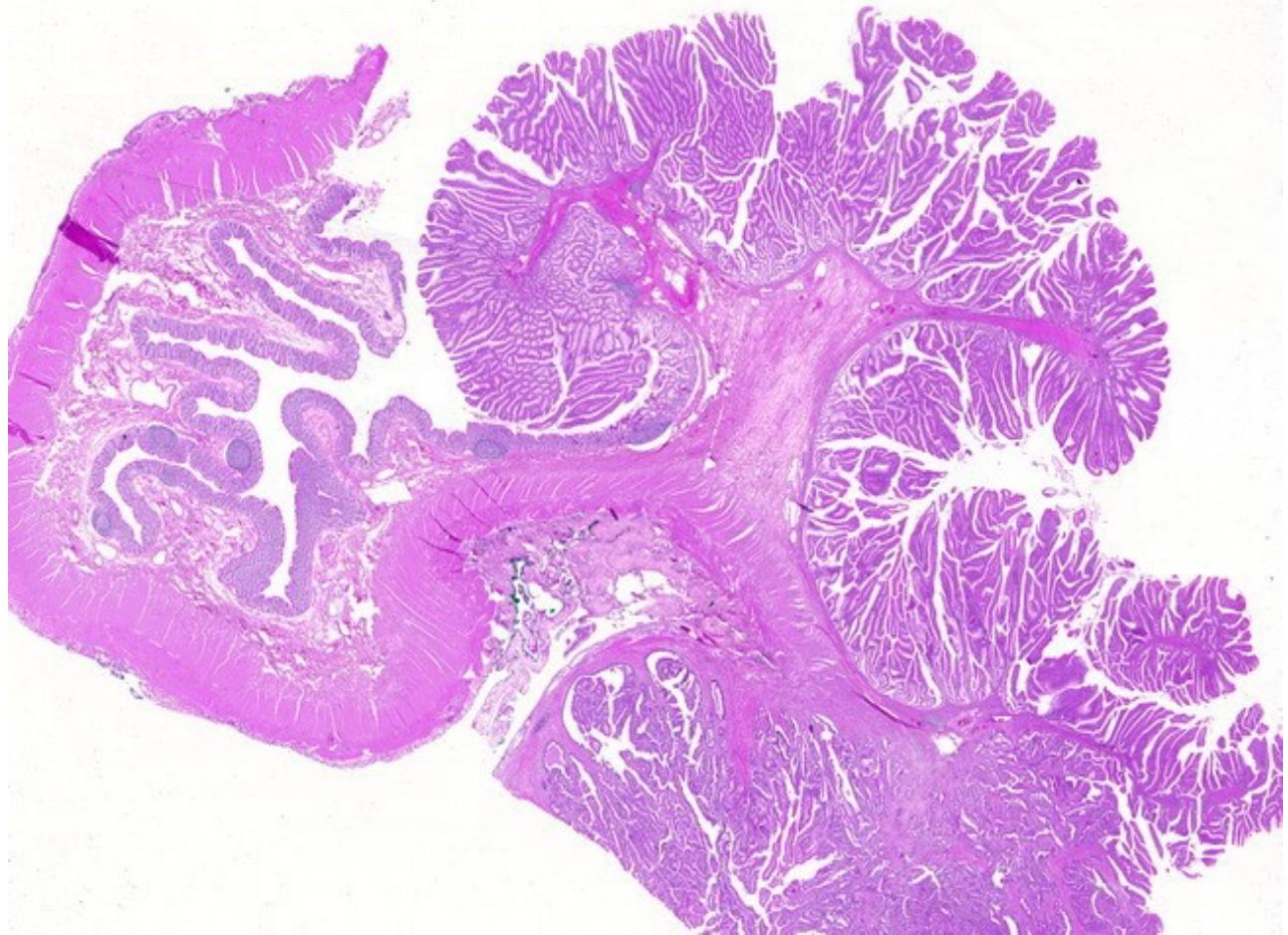


https://www.webpathology.com/slides-13/slides/Colon_TubuloVillousAdenoma2A.jpg



Abrupt transition from normal (right) to dysplasia (upper left).

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Neoplastic Polyps

A 26 year old patient presented with bleeding per rectum .Colonoscopy revealed Figure A . Biopsy revealed an adenomatous polyp with low to high grade dysplasia .
What is the diagnosis ? What is the treatment ? Why ?



Familial Polyposis Syndromes

Familial adenomatous polyposis (FAP)

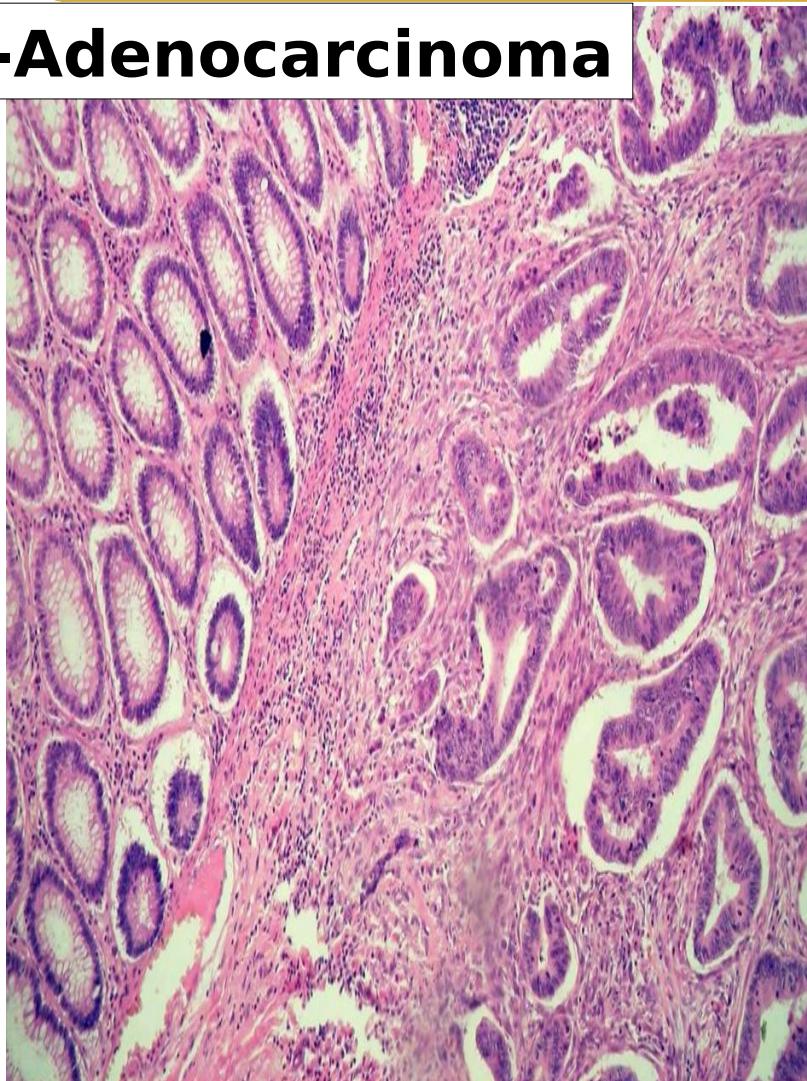
- **=adenomatous polyposis coli (APC)**
 - Mutation of APC gene
 - Diagnosis made if **>100** adenomatous polyps on endoscopy.
 - Complications:
by **age 40** >>**100%** will develop an **invasive adenocarcinoma**
 - **Prophylactic colectomy** is standard therapy for patients who carry APC



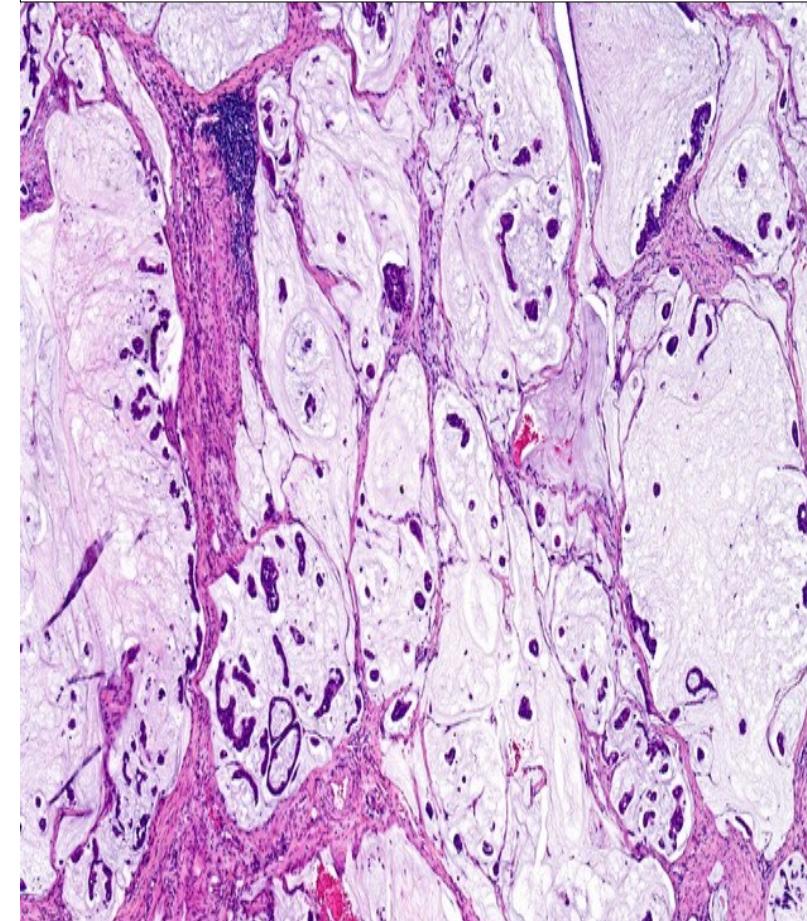
Name the microscopic Types of these colonic Carcinomas



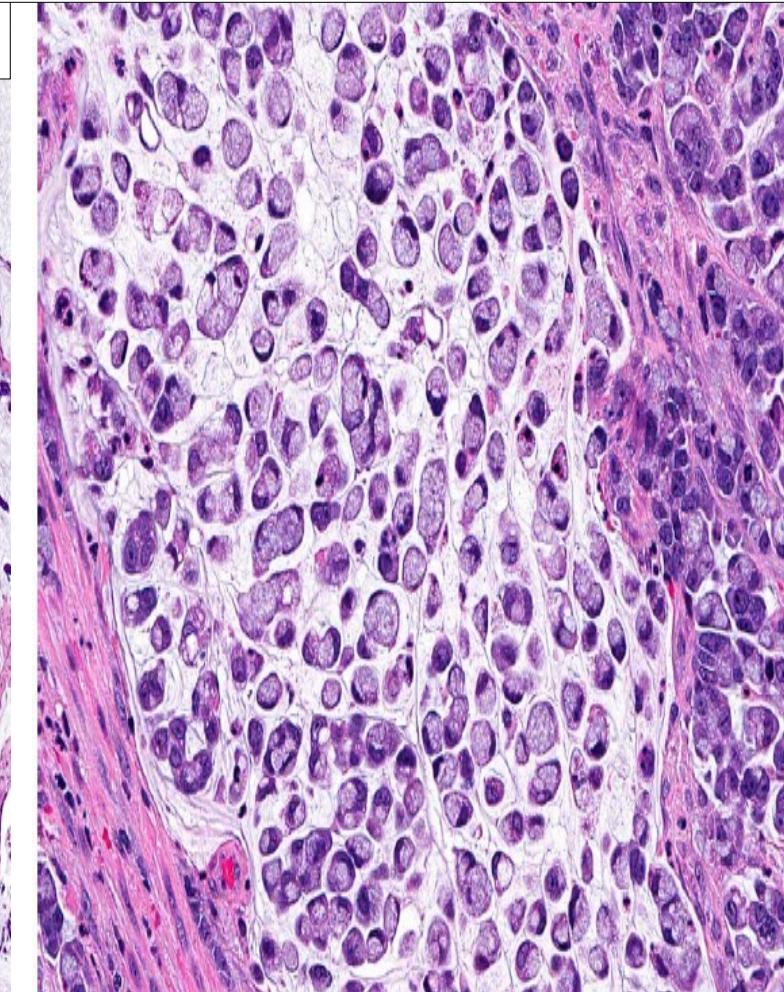
1-Adenocarcinoma



2-Mucinous Adenocarcinoma



3-Signet ring carcinoma



Carcinoma of Large Intestine



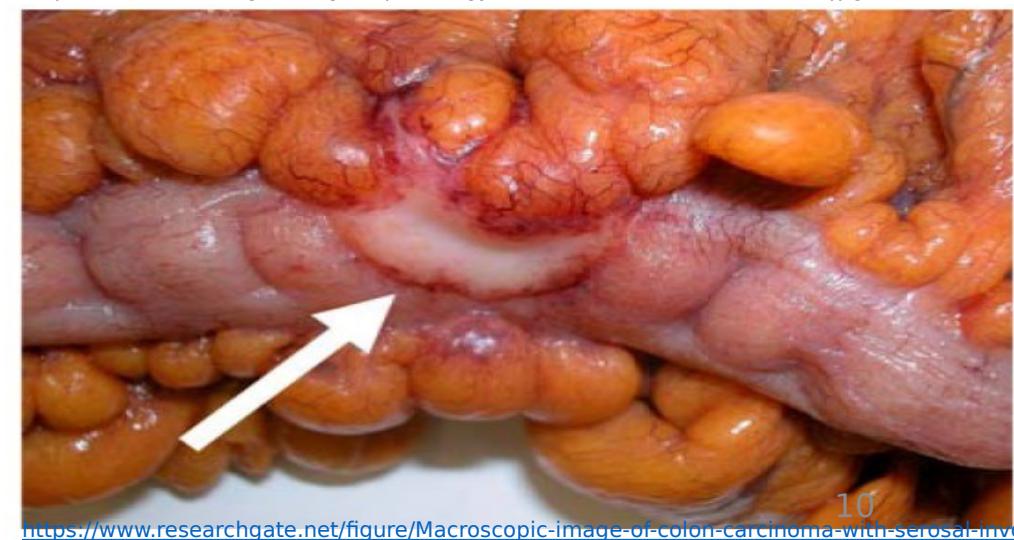
What is Most important prognostic factor?

Stage of the tumour which depends on

- Depth of tumour invasion (T)
- Extent of Nodal invasion(N)
- Extent of distant metastasis(M)



<https://voices.uchicago.edu/grosspathology/files/2018/12/Colon2-2od8391.jpg>



https://www.researchgate.net/figure/Macroscopic-image-of-colon-carcinoma-with-serosal-involvement-Note-the-thickened-central_fig4_258429394

Use the following key words to diagnose the liver lesion

Autoimmune INTRAHEPATIC BILE DUCT destruction

Florid duct lesion

- Interlobular bile duct destruction
- by lymphocytes & plasma cells +/- granuloma
- Periportal cholestasis ,interface hepatitis

Ductopenia

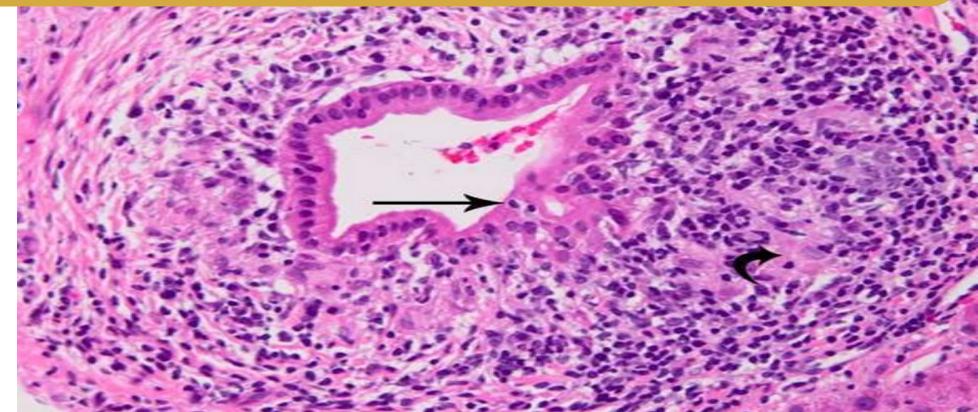
Portal tract without bile ducts

AMA positive against **HEPATOCYTES**

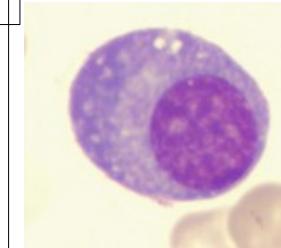
Plasma cells

Associated with autoimmune diseases

SMA-ANA positive



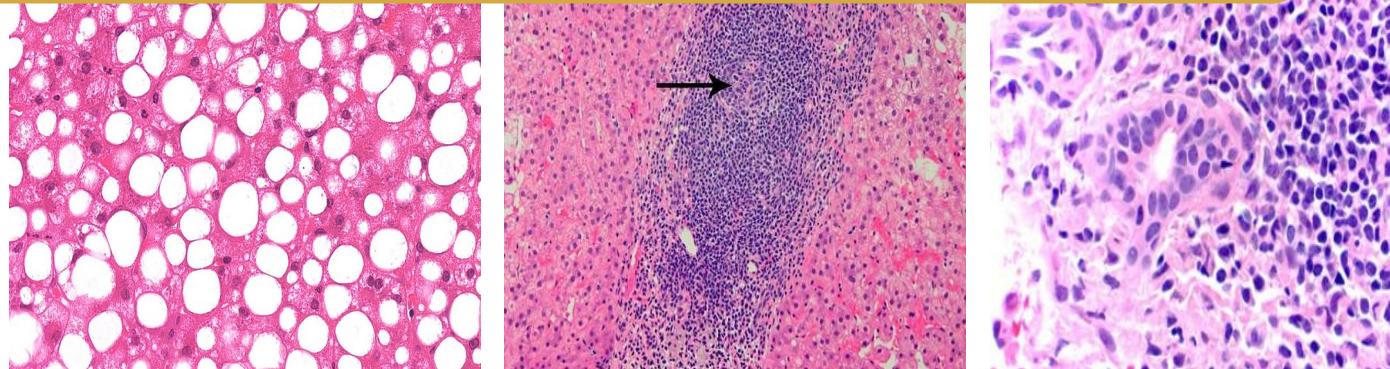
Primary biliary cholangitis



Autoimmune Hepatitis

Use the following key words to diagnose the liver lesion

**Steatosis-Lymphoid aggregates
Bile duct destruction**



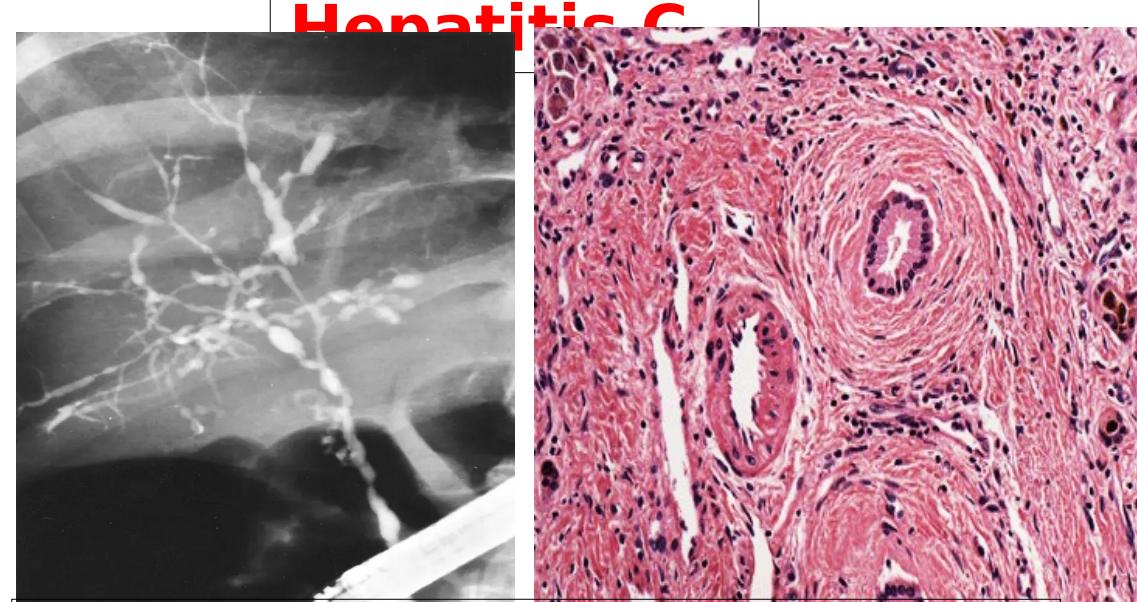
**PATCHY fibrosis & destruction of
EXTRAHEPATIC & INTRAHEPATIC
BILE DUCTS of all sizes**

**ERCP : Beading = Narrow strictures
alternating with normal or dilated ducts**

**Circumferential fibrosis = onion
skin fibrosis**

**Association with: Ulcerative
colitis**

Pd to :

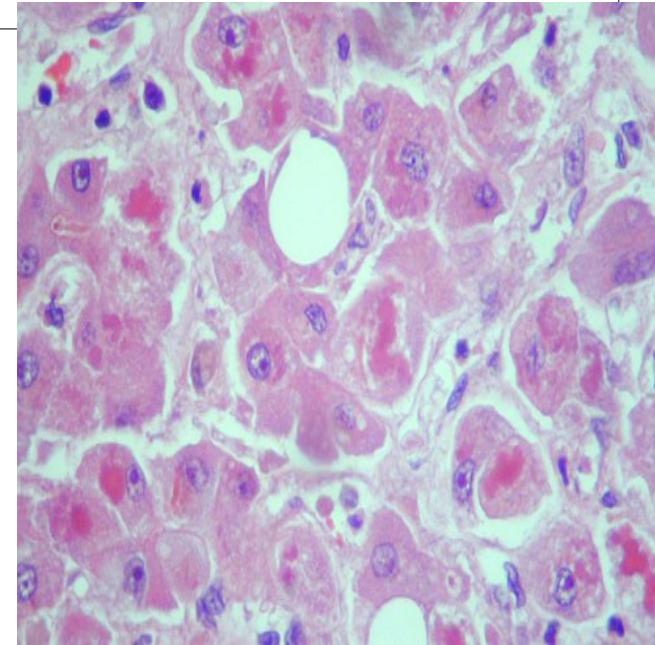
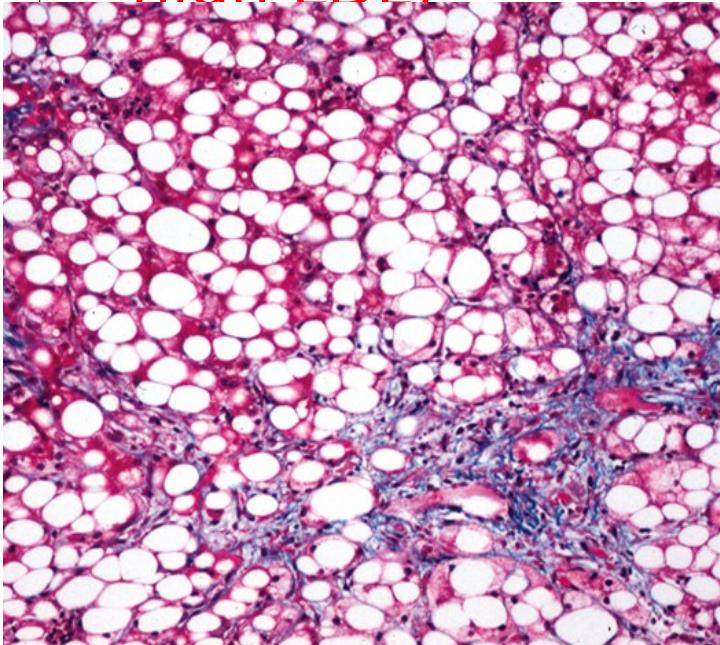


**Primary sclerosing
cholangitis**

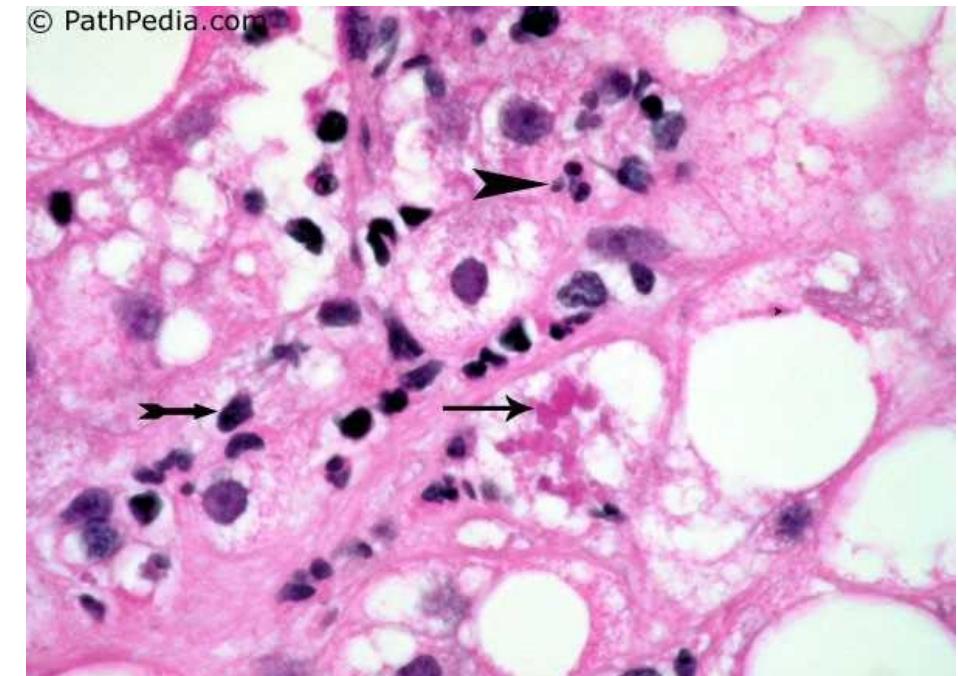
Use the following key words to diagnose the liver lesion

Steatosis -Dammed hepatocytes

- Mallory bodies : eosinophilic refractile inclusion
- Neutrophilic infiltration
- May Associate metabolic syndrome (obesity -diabetes -hypertension- high LDL)



Alcoholic hepatitis /NASH



Use the following key words to diagnose the liver lesion

Ground glass



**Viral Hepatitis
B**

**Cirrhosis on top of
obstruction eg stone -
tumor- fibrosis- LN**

**Secondary
biliary
cirrhosis**



A.HCC

2-4-8

**B.Liver cell
(Hepatic)adenoma**
5-6

C. Cholangiocarcinoma
7

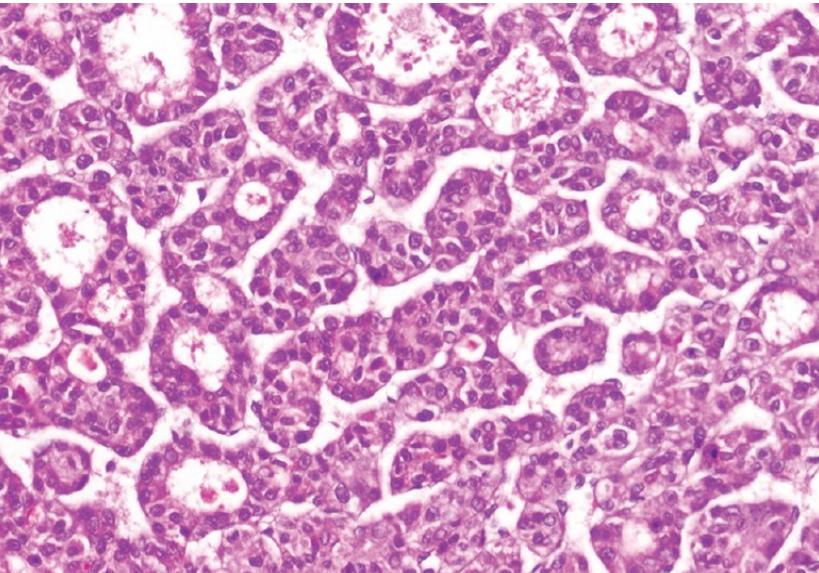
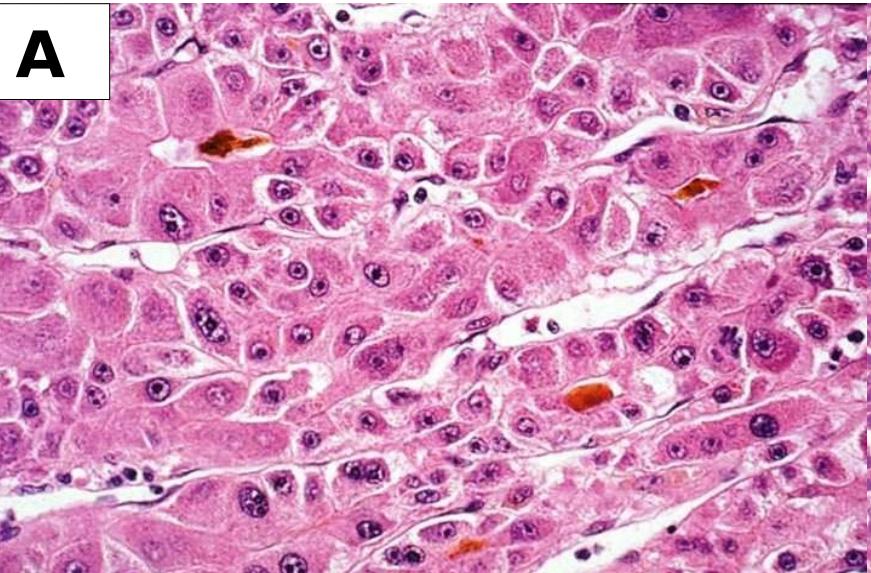
D. Hepatoblastoma
3

**E.Cavernous
Hemangioma**

- 1. non communicating bland blood filled spaces**
- 2. Aflatoxins -chronic hepatitis -cirrhosis**
- 3. Embryonal cells -Primary hepatic tumour in infants & children**
- 4. AFP-Hep par1**
- 5. Contraceptive pills**
- 6. hepatocytes with no lobular architecture or portal tracts- Intraperitoneal hemorrhage**
- 7. Predisposed by PSC -adenocarcinoma with abundant stroma & **MUCIN****

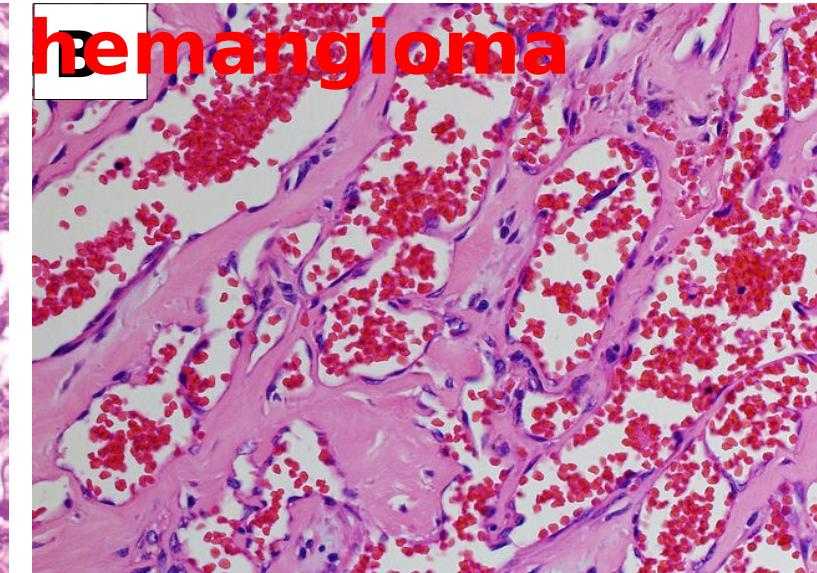
HCC

A



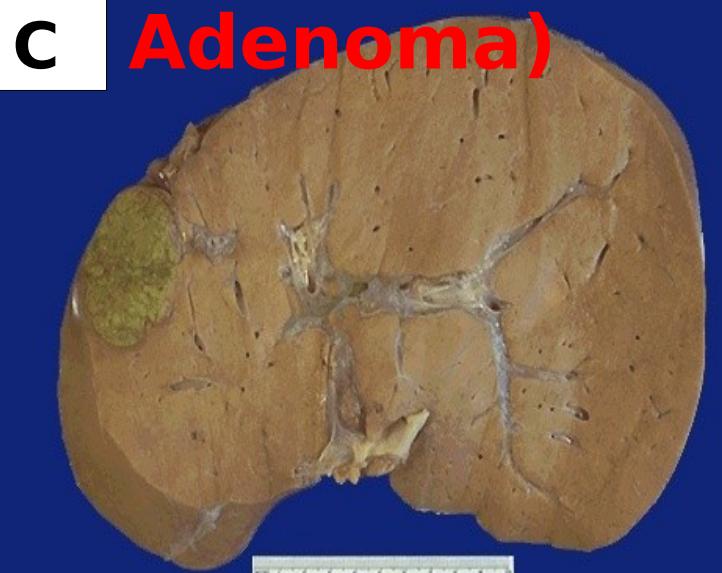
Cavernous hemangioma

B

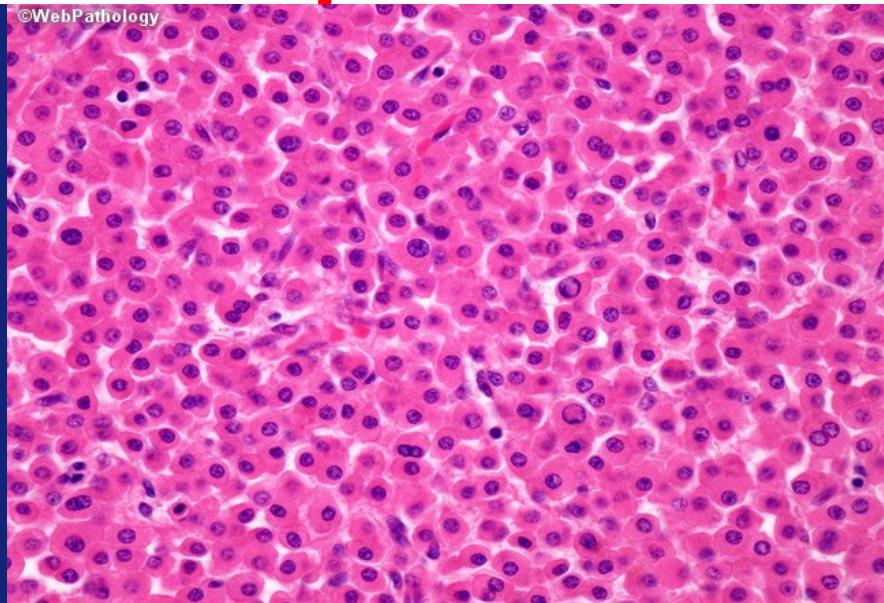


Liver cell adenoma (hepatic Adenoma)

C

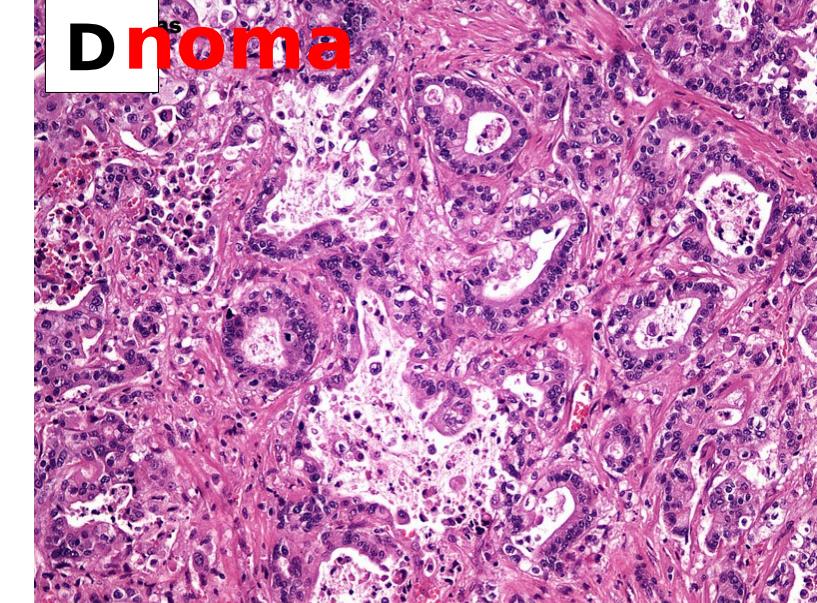


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Cholangiocarcinoma

D



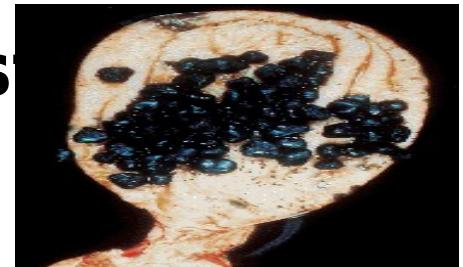
In each of the following :Name the stone and the pathologic condition that may associate it

• **Yellow-mulberry outer surface**



- **Cholesterol stone**
- **hypercholesterolemia - Cholesterolemia**

• **Black friable s**



- **Black pigment stone**
- **Hemolytic**

• **Faceted stones with smooth outer surface**



- **Mixed Stone**
- **Chronic cholecystitis**

Gall bladder

In a patient with gall stones what will happen in each of the following situations?

- Obstruction of the common bile duct by a stone
- A stone obstructs the ampulla
- Obstruction of cystic duct with accumulation of serous fluid
- Stone obstructs the cystic duct
- Stone reaches intestine through

Jaundice

**Acute
pancreatitis
Hydrops**

**Biliary colic or
cholecystitis**

**Intestinal
obstruction
(Gall stone)**

What is the cause of each of the following in a patient with liver cirrhosis?

- **Testicular atrophy & gynecomastia**
Failure of inactivation of estrogen(Hyperestrogenemia)
- **Ascites**
Hypoalbuminemia (liver dysfunction) + Portal hypertension
- **Hematemesis**
Portal hypertension & opening of porto-systemic shunts
- **Splenomegaly**
Portal hypertension & opening of porto-systemic shunts
- **Bleeding tendency**
**Impaired Clotting factor synthesis+ Hypersplenism dt splenomegaly
(WHY?)>> pancytopenia**
- **Piles**
Portal hypertension & opening of porto-systemic shunts

Liver cirrhosis

What is the cause of each of the following in a patient with liver cirrhosis?

- Hepatic encephalopathy
- Caput medusa
- Lower limb edema
- Fibrosis

Non detoxified ammonia

Portal hypertension & opening of porto-systemic shunts

Hypoalbuminemia

Activation of Ito cell into myofibroblast >Production of ECM & collagen

THANK YOU
Super DOCTORS

